

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

J. D. DUNSHEE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Standard Established for Dates

The following standards for dates were established by the California State Board of Public Health July 20, 1935:

For California dates there shall be three general classes. (Grades recommended for these are also shown.)

I—Standard Class

Grades—(1) Fancy, (2) Choice, (3) Perishable, (4) Dry, (5) Bread (true bread dates only).

II—Off-Grade Class

Limited to manufactured products (by-products). No grades.

III—Cull Class

Not for human consumption in any form. No grades.

STANDARD CLASS

No California dates having scars or deformities which more than slightly affect the flesh shall be allowed excepting that Deglet Noor which are black-nosed but otherwise comply with the required standards, shall be allowed in the Standard class unless the flesh and general appearance is materially injured. If the packer desires to grade Standard Choice Black-nose as a separate grade, he may do so provided the dates are marked Choice, directly preceded by the

words Sugar-tip or Blacknose. All dates of the Standard class, when sold or offered for sale, must be marked with the grade name.

Grades (For California dates)

Fancy: Dates so marked must be distinctly above the Choice grade in quality but shall conform to the same maximum-minimum moisture content limitations as the Choice grade. Dates of the Deglet Noor variety shall be large enough so that any 42 selected at random will weigh at least one pound of 16 ounces, and other varieties shall be large enough so that any 50 selected at random will weigh at least one pound of 16 ounces.

		Moisture content per cent	
	Maximum No. lb.	Max.	Min.
Choice:			
(1) Deglet Noor (cane sugar type)-----	50	26	21
(2) Deglet Noor (invert sugar type)-----	50	21	17
(3) All invert sugar varieties including unnamed seedlings -----	60	18	13
Perishable:			
(1) Deglet Noor (cane sugar type)-----	55	31	23
(2) Deglet Noor (invert sugar type)-----	55	28	19
(3) All invert sugar varieties including unnamed seedlings -----	65	28	16
Dry:			
(1) Deglet Noor (cane sugar type)-----	55	21	--
(2) Deglet Noor (invert sugar type)-----	55	17	--
(3) All invert sugar varieties including unnamed seedlings -----	65	13	--
Bread:			
(1) Kanta -----	90	--	--
(2) Thoory -----	60	--	--
(3) Other true bread dates-----	60	--	--

OFF-GRADE CLASS

All dates falling below Standard and above Cull class shall be included in this class.

CULL CLASS

This class shall include all dates consisting in whole or in part of filthy, decomposed or putrid animal or vegetable substance or otherwise failing to comply with federal or state regulations.

This class shall include all dates containing less than 68 per cent total sugars and all dates containing more than 68 per cent total sugars, but which otherwise do not conform to the Standard or Off-grade class standards above listed.

GENERAL STANDARDIZATION PROVISIONS

(a) No California dates of the Off-grade class, in the whole form, pitted, or unpitted, or when the individual dates have been reduced to pieces larger than thirds—except when preserved in a syrup or brine or a fermented or distilled liquid—shall be offered for sale, or sold to the consumer.

(b) If California dates are without seeds when inspected, they must nevertheless conform to the above standards. To convert such dates to the unpitted, whole-date basis, so that the maximum number per pound standard may be applied, the following formulae are to be used. (Weights are for dates in inspected condition.)

Deglet Noor variety: Multiply number of pitted dates per pound by 92 per cent.

Bread Date varieties: Multiply number of pitted dates per pound by 80 per cent.

All other varieties: Multiply number of pitted dates per pound by 88 per cent.

(c) California dates in any one container, when sold or offered for sale to the consumer, shall be virtually uniform in size.

(d) No California dates which do not conform to these standards shall be sold or offered for sale to the consumer.

(e) No California dates shall be exported from the State unless conforming to these standards.

STANDARDS FOR ALL DATES

No dates shall be used for human consumption either directly or indirectly, unless containing 68 per cent total sugars on a dry weight basis, as determined by the Shaffer-Hartman method.

No dates shall be marked with the class or grade names hereina established unless processed and packed in accordance with the standards for that class and grade. When so classified, processed and/or packed, the official class or grade name must be prominently

and visibly displayed on, or directly in connection with the container in which the dates are when offered for sale.

The use of any variety name, other than the correct one, on any dates sold or offered for sale to the consumer, is prohibited. If used, the variety name shall be given display and visibility equal to that given the class or grade designation or the name of the state or the foreign country where the dates were produced, and shall be on, or directly in connection with, the container in which the dates are offered for sale or sold.

Dates and date by-products shall be free from mold, decay, worms, insect injury, insect debris or frass, fermentation, sourness and bird pecks causing injury to the flesh, excepting that dates which are otherwise sound, but which have been slightly attacked by the *Alternaria* spot fungus, shall be allowed a 10 per cent tolerance for this one cause, instead of the 5 per cent established hereafter.

Not more than 10 per cent by count—or in the case of dates packed in blocks, by weight—of the dates in any one container or bulk lot, may be below these requirements, but, with the single exception noted above, not to exceed 5 per cent shall be allowed for any one cause and no part of this tolerance shall be allowed for viable, animal infestation.

PUBLIC HEALTH

By H. W. HILL, M.D., D.P.H., University of British Columbia, Vancouver, B. C.

It is now generally agreed by public health people that their activities may be broadly divided into (a) promotion of health, and (b) prevention of disease. These terms, well understood in public health circles, are often misunderstood outside of them; and in two strikingly different directions.

Thus: many persons casually encountering these phrases see little difference between them. "Surely, by preventing disease, does not one promote health? And surely one can not promote health without preventing disease?"

On the other hand, some lay enthusiasts propagand eagerly everywhere that the two are as unlike as good and evil—that promotion of health through "right living" automatically makes disease quite impossible; and therefore prevention of disease by other means is unnecessary, absurd, even wrong; since disease comes from faults of diet, exercise, etc.: that is, from "breaking the laws of nature."

These two groups will admit that health and disease both exist; that both depend on the relationships between the body and its surroundings; and

that the body meets the demands of its surroundings by adjusting mechanisms.

But the first group fail to see that such demands are made up of two very different divisions, the ever present, and the unusual; and therefore this group can not appreciate the immense differences in practice which the control of each division presents. These differences are so great, in knowledge required, in methods, in personnel, that promotion of health and prevention of disease constitute separate professions with specialists in each; the experts in one not necessarily knowing more of the other than its mere outlines. Who would expect the average physiologist or pediatrician, however expert in his own line, to handle epidemics expertly; or an epidemiologist to be expert also on digestion, respiration, or muscle control?

The second group are enmeshed in a still greater fallacy, erected into a tenet all but worshipped by them. In its simplest form, this fallacy consists in assuming that adjustments to ever present demands include somehow adjustments to unusual demands also—that proper food, proper breathing, proper exercise, etc., somehow provide adjustments to smallpox, to plague, to all diseases. It fails to recognize the *specificity* of adjustments—to see that each separate demand requires a separate adjusting mechanism. Yet we all know perfectly that one does not breathe with his intestine or digest with his lungs—that a blind man is blind through loss of *sight*, not loss of hearing!

We hasten to concur with this second group in their teaching that to cultivate adjustments to ever present demands is highly advisable; for high levels in such adjustments extend the ability to meet greater quantitative ranges in those ever present demands. But that such cultivation of this one set of adjustments will incidentally cultivate all others is simply not true—and can never be true until playing tennis exclusively will make a golf champion, studying Latin alone will give expertness in Greek, having measles will protect against scarlet fever, or a special diet will produce a long-distance runner; until, in brief, the body can become expert in *anything*, solely by reaching expertness in something quite different!

As things are, if we would breathe, it is not sufficient to eat; if we would hear, it is not sufficient to open our eyes; if we would learn to play golf, it is not sufficient that we learn to play tennis; muscular development does not protect against typhoid, nor brains against plague. The only way to develop a particular adjustment is to make on it its own particular demand. If you would learn to swim, you must *swim*; if to run, you must *run*. If you wish to learn both, you must do both.

Some further outstanding differences between (a) promotion of health and (b) prevention of disease are these: first, that we know much more of the latter than we do of the former. One reason for this is that much more study has always been given to disease than to health. This is perfectly natural, for disease gives a positive picture, a striking disastrous departure from the usual conditions seen in health, inevitably attracting more urgent attention and also giving features for study much more concrete than do those smaller and relatively featureless fluctuations which health shows almost every day.

Again: in attempting to trace the cause of a specific disease, one may with confidence search the patient's surroundings for some unusual demand he has encountered for some *qualitative* change in his usual surroundings. Difficult as this search may be, it is less difficult than the search for the causes of mere fluctuations in health; for although one may be confident that fluctuations in health are due to quantitative fluctuations in the ever present demands of the surroundings, yet in any specific case it is likely to be very hard to identify a particular fluctuation in demand as the one which gave rise to a particular fluctuation in health—for there are very many ever present demands and they all fluctuate more or less every day. If a ship at sea springs a leak after a collision, and one then sees a derelict close at hand, it is not unreasonable to connect leak, collision and derelict. But although the rolling of a sound vessel may be confidently attributed in general to the waves it encounters, it is hard to say which particular roll was due to which particular wave.

Finally, promotion of health presents a far more difficult administrative task than does prevention of disease, for the former calls for supervision of the whole population, 24 hours a day continuously, while the latter calls for supervision of but 2 per cent of the population, or less, at any one time; the former calls also for the minute control of immense numbers of ever present demands, representing in sum total most of the forces of the universe; the latter calls for the minute control of a relatively very limited number of unusual demands, by no means constantly acting and some of them now very rare.

The solution at present seems to be to so educate every citizen concerning *ever present* demands that each individual may act as his own health supervisor, and to leave in the hands of experts the study and control of those unusual demands which chiefly cause disease. Only those who devote themselves wholly to such demands can become sufficiently expert in their control to render real service.

MORBIDITY

Complete Reports for Following Diseases for Week Ending August 3, 1935

Chickenpox

132 cases: Alameda 7, Albany 1, Berkeley 3, Oakland 21, Lake County 1, Los Angeles County 7, Avalon 2, Beverly Hills 3, Glendale 1, Long Beach 6, Los Angeles 18, Pasadena 3, San Fernando 2, Santa Monica 2, South Gate 1, Napa 1, Santa Ana 3, Sacramento 1, San Bernardino County 1, San Diego County 2, Coronado 1, San Diego 13, San Francisco 12, Manteca 1, Stockton 1, San Luis Obispo 2, San Mateo 1, South San Francisco 1, Santa Barbara County 1, Lompoc 1, Santa Maria 7, Palo Alto 1, San Jose 1, Sonoma County 2, Modesto 1.

Diphtheria

25 cases: Oakland 5, Brawley 1, Glendale 1, Los Angeles 9, Gardena 1, Napa County 2, Orange County 1, Redlands 1, San Diego County 1, National City 1, San Jose 2.

German Measles

77 cases: Alameda 1, Berkeley 2, Oakland 9, Fresno County 1, Humboldt County 1, Los Angeles County 6, Glendale 1, Inglewood 1, Long Beach 3, Los Angeles 7, Montebello 1, Pasadena 4, San Fernando 1, Lynwood 1, South Gate 2, Mill Valley 2, San Rafael 1, Pacific Grove 1, Orange 1, Santa Ana 1, Sacramento 2, San Diego County 2, Oceanside 1, San Diego 2, San Francisco 17, San Mateo County 3, San Mateo 1, Palo Alto 1, Tuolumne County 1.

Influenza

19 cases: Bakersfield 1, Los Angeles County 5, Inglewood 1, Los Angeles 8, San Francisco 1, San Joaquin County 1, Turlock 1, Sonora 1.

Malaria

5 cases: Willows 1, Glendale 1, San Joaquin County 2, Yolo County 1.

Measles

185 cases: Alameda County 2, Alameda 1, Berkeley 1, Oakland 6, San Leandro 1, Chico 1, Gridley 1, Pittsburg 1, Fresno County 2, Fresno 2, Kern County 1, Bakersfield 1, Kings County 4, Los Angeles County 13, Avalon 1, Beverly Hills 1, Compton 1, Inglewood 6, Long Beach 9, Los Angeles 17, Monrovia 1, Pomona 1, Redondo 1, Santa Monica 3, Sierra Madre 2, Hawthorne 2, Modoc County 1, Carmel 1, Grass Valley 1, Orange County 2, Santa Ana 3, Placentia 1, Blythe 1, Sacramento County 1, Sacramento 3, San Bernardino 2, Upland 2, San Diego County 2, Coronado 1, Oceanside 2, San Diego 2, San Francisco 33, San Joaquin County 3, Lodi 1, Tracy 2, San Mateo 2, Lompoc 6, Santa Clara County 3, Palo Alto 5, San Jose 11, Santa Clara 2, Willow Glen 1, Vacaville 2, Sonoma County 1, Stanislaus County 1, Turlock 1, Fillmore 1, Woodland 3.

Mumps

68 cases: Alameda 3, Albany 1, Berkeley 1, Oakland 10, San Leandro 2, Butte County 1, Gridley 3, Los Angeles County 8, Long Beach 4, Los Angeles 6, Pasadena 1, Whittier 1, Yosemite 2, Newport 2, Santa Ana 1, Placentia 1, Sacramento 3, Colton 1, San Diego County 2, San Diego 3, San Francisco 1, San Joaquin County 1, Manteca 1, Stockton 3, San Bruno 1, Santa Maria 1, Santa Cruz 4.

Pneumonia (Lobar)

54 cases: Alameda County 1, Berkeley 1, Livermore 1, Pleasanton 1, San Leandro 1, Contra Costa County 1, Fresno County 3, Eureka 1, Kern County 2, Kings County 2, Lake County 1, Los Angeles County 3, Los Angeles 6, Pasadena 1, Marin County 1, San Rafael 1, Mendocino County 1, Merced County 2, Carmel 1, Napa County 1, Orange County 1, Fullerton 1, Sacramento County 2, Redlands 1, San Diego 1, San Francisco 2, San Joaquin County 3, Manteca 1, Stockton 3, Santa Cruz 1, Watsonville 1, Vallejo 1, Sonoma County 1, Tulare County 3.

Scarlet Fever

72 cases: Alameda County 1, Alameda 1, Oakland 4, Chico 2, Gridley 1, El Dorado County 2, El Centro 1, Kern County 1, Bakersfield 1, Kings County 2, Los Angeles County 82, Alhambra 2, Los Angeles 9, Montebello 1, San Fernando 1, Torrance 3, Monterey Park 1, Auburn 1, Riverside County 1, Beaumont 1, Sacramento County 2, Sacramento 2, San Bernardino 1, San Diego County 3, San Diego 1, San Francisco 5, San Joaquin County 1, Santa Maria 1, Sutter County 5, Ventura County 4, Yolo County 1, Davis 1, Yuba County 1.

Smallpox

4 cases: Los Angeles 2, Santa Clara County 1, Santa Cruz County 1.

Typhoid Fever

11 cases: Fresno County 1, Los Angeles 1, South Pasadena 2, San Francisco 2, Santa Clara County 2, Modesto 1, Red Bluff 1, Tulare County 1.

Whooping Cough

133 cases: Alameda County 4, Albany 2, Berkeley 5, Oakland 10, San Leandro 2, Reedley 2, Humboldt County 2, Los Angeles County 13, Alhambra 1, Glendale 1, Huntington Park 1, Inglewood 1, Long Beach 1, Los Angeles 18, Redondo 6, San Fernando 3, Torrance 2, Lynwood 2, Monterey Park 2, Signal Hill 1, Mariposa County 1, Santa Ana 1, Sacramento 2, San Bernardino County 1, San Bernardino 3, San Diego County 7, San Diego 10, San Francisco 9, San Joaquin County 1, Stockton 1, San Mateo County 1, San Mateo 4, Santa Barbara 1, Santa Maria 2, Santa Clara County 4, San Jose 1, Sonoma County 3, Tulare County 2.

Meningitis (Epidemic)

2 cases: San Francisco 1, Sonoma County 1.

Dysentery (Amoebic)

5 cases: Fresno 1, San Bernardino County 2, Chino 1, San Bernardino 1.

Dysentery (Bacillary)

5 cases: Los Angeles 3, Sacramento 1, Santa Clara County 1.

Pellagra

8 cases: Los Angeles 2, San Francisco 4, San Jose 1, Santa Cruz County 1.

Poliomyelitis

26 cases: Kern County 7, Bakersfield 5, Kings County 1, Los Angeles County 2, Los Angeles 5, Santa Ana 1, Sacramento County 1, Sacramento 1, San Bernardino 1, Tulare County 2.

Trachoma

One case: Los Angeles County.

Encephalitis (Epidemic)

3 cases: Kings County 1, Merced 1, Santa Clara County 1.

Paratyphoid Fever

2 cases: Santa Clara County 1, Petaluma 1.

Food Poisoning

13 cases: Albany 1, Fresno County 4, Los Angeles County 1, Los Angeles 6, Trinity County 1.

Undulant Fever

6 cases: Glendale 1, Hermosa 1, Los Angeles 1, Lynwood 1, San Bernardino 1, Modesto 1.

Coccidioides Granuloma

One case: San Joaquin County.

Septic Sore Throat (Epidemic)

5 cases: Berkeley 1, Butte County 1, Lake County 1, San Bruno 1, Gilroy 1.

Jaundice (Epidemic)

2 cases: Humboldt County.

Rabies (Animal)

10 cases: Los Angeles 4, Redondo 1, San Joaquin County 1, Lodi 1, Stockton 2, Tracy 1.

Charles Kingsley in 1859 declared: "I am going to throw myself into this movement. I am tired of most things in the world; of sanitary reform I shall never grow tired. No one can accuse a man of being sentimental over it, or of doing too much in it. There can be no mistake about the saving of lives, and the training up of a health generation. I see more and more that we shall work no deliverance till we teach people a little more physical knowledge. I have refused this winter to lecture on anything but the laws of health."